

DEPARTMENT OF EDUCATION

REGION VIII
FEDERAL OFFICE BUILDING
1244 SPEER BLVD., SUITE #310
DENVER, COLORADO 80204-3582
(303) 844-5695

DISCRIMINATION COMPLAINT FORM

Name of person filing	this complaint:		
NAME(Mr./Ms:)(L ADDRESS	_ast)	(First)	(Middle)
CITY & STATE			
TELEPHONE(Area Coo	de)	HOME (Area Code)	(Zip) WORK
*Signature *OCR cannot accept con	nplaints that are	Date e not signed and dated.	
2. Name of person disc	riminated again	nst (if other than person filing)	
ADDRESS	_ast) 	(FIRST)	(Middle)
CIT & STATE		HOME (Area Code)	(Zip)
another adult, you must	provide the sig	efore beginning complaint resoluted consent form for that personsent form must be signed by	n. When that person is a
funds from the U.S. De	partment of E	mplaints against institutions and ducation. Please identify the ir ot take your complaint, we ma	nstitution or agency that
NAME(Mr./Ms.) _			
INSTITUTION			

ADDRESS	
CITY & STATE/ ZIP	
4. The laws OCR enforces predisability, or age.	ohibit discrimination because of race, color, national origin, sex,
	your complaint concerns Student Services and/or Employment. n which you feel you were discriminated against.
Student	Race/Color
Services:	National origin
	Sex
	Disability*
	Age
* - If the student is attending a Individual Educational Plan (IE	elementary or secondary school, please include a copy of the EP), if available.
Employment:	Race/Color
	National Origin
	Sex
	Disability
We do not have jurisdiction ov Equal Employment opportunity	rer <u>age</u> discrimination employment complaints. Please contact the y commission (EEOC).
5. What is the most recent d	ate you were discriminated against?
complaint. Complaints over 18	0 days ago, please explain why you waited until now to file your 30 days will be accepted only if you qualify for a waiver. You will request a waiver.
	you first become aware that the treatment, act, or decision was
	our complaint through the institution's internal grievanceNO

If you ar	nswered yes, please give us:
1 - -	1) the name of the grievance filed (grade appeal, sexual harassment complaint, etc.),
- 2 - -	2) the person by name and/or title, that you filed the grievance with,
- 3 -	3) the date you filed,
_	4) status as of today,
and who by nam EXPLAI	st each allegation separately. (#1, #2, etc.) Describe what happened, when it happened, by you feel was responsible. (Attach additional pages if necessary.) If you refer to persons e, please include their title and identify the institution they represent. YOU MUST N WHY.YOU BELIEVE THE DISCRIMINATORY ACTS WERE BASED UPON YOUR SEX, DISABILITY, ETC., FOR EACH ACT OF ALLEGED DISCRIMINATION.
	ease send copies of any written materials, data, or other documents that you think will support that discrimination occurred.
any Fed	ou have filed this complaint with any other Federal, State or local civil rights agency, or deral or State court, please complete the following. We will determine whether it is iate to investigate your complaint based upon the specific allegations of your complaint actions taken by the other agency or court.
AGENC	Y OR COURT:

	1) Date filed
:	2) Type of complaint
;	3) Name and telephone number of person handling your complaint, if known
	4) Status of complaint as of today
	5) List allegations of complaint: (if filed in court, it would be helpful if you included a copy of your complaint)
	6) If agency or court has issued findings, please include a copy of that document, if possible
elepho	we cannot reach you at your home or work, we would like to have the name and ne number of another person (relative or friend) who knows where and when we can ou. This information is not required, but it will be helpful to us:
NAME _ TELEPI	HONE NUMBERS: Home()Work()
12 00	P trips to resolve allegations of discrimination promptly and appropriately OCP has a

13. OCR tries to resolve allegations of discrimination promptly and appropriately. OCR has a variety of ways to resolve complaints. These include: Early Complaint Resolution, Agreements for Corrective Action, and Enforcement. Any approach, or combination of approaches, may be used at any time to resolve any complaint.

OCR's investigations continue until such time as OCR can establish an appropriate resolution of the complaint allegations under OCR regulatory standards. OCR may use a variety of fact-finding techniques, and complainants may expect informal fact-finding such as joint discussions with the complainant and recipient.

A separate court action may be filed regardless of OCR's findings. In resolving complaints, OCR cannot and does not represent you in the way that a person's private attorney would. If you wish to file a court action, you may do so.

Docket Number _	
-----------------	--

CONSENT FORM FOR USES OF PERSONAL INFORMATION FOR $\underline{\text{COMPLAINANT/CLIENTS}}$

	ave read the notice about Investigatory Uses of Personal Information and Notice of mplaint/Interviewee Rights and Privileges by the Office for Civil Rights (OCR).		
I am aware that it is the policy of OCR to prote clients who cooperate with OCR's investigation of my identity to (institute and enforcement activities conducted by OCR circumstances when release is required for the	ons. However, I acknowledge that release tion) may be essential to the investigation R. I give my consent in those limited		
In addition, I acknowledge that under the F may be required to disclose information of Although no, guarantee of confidentiality information, I have not waived any right to primy behalf.	gathered pursuant to this investigation. has been given in exchange for this		
I understand that the information I provide, as the investigation, will be used to resolve the c (institution). I understand that this information Department of Education with a need to know program analysis, review, evaluation, and state a need to disclose information from the collaboration already stated, or pursuant to the Privacy Act. Information Act, 5 U. S. C. §552, my prior controls.	omplaint against will be available to any person within the its contents, and may be used for tistical purposes. However, should there implaint file for reasons other than those 5 U.S.C. §552. a (b), or the Freedom of		
(Name Please Print)	(Date)		
	Signature		

NOTE: <u>PLEASE COMPLETE, DATE, SIGN, AND RETURN IN THE ENCLOSED SELF-ADDRESSED ENVELOPE PROVIDED FOR YOUR CONVENIENCE</u>.